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| PROJECT NO: | DATE: | OCCUPYING AGENCY: | |
| BUILDING ADDRESS: (street/city/state/zip/county) | | FEDERAL ID NO.: | SOCIAL SECURITY NO.: |
| LANDLORD NAME: | | LANDLORD ADDRESS/TELEPHONE NO.: | |
| | | E-MAIL ADDRESS: | |

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| <div>This Building Fact Sheet is required information, which is being provided in addition to your completed NYS Vendor Responsibility Questionnaire (which can be found at http://www.osc.state.ny.us/vendrep/index.htm).</div> | YES | NO |
| <div>LANDLORD/BUILDING INFORMATION: If explanation is required, please attach additional sheets as necessary.</div> | | |
| 1. Is the Landlord's property interest in the building of which the premises form a part fee simple ownership? If NO, please describe the property interest (e.g. leasehold, purchase, contract, etc.) and provide a copy of all pertinent documents. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the primary business of the Landlord the leasing of space? If NO, please provide an explanation/purpose of the Landlord's primary business. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. (a) Is any immediate family member of any individual listed in response to question #1.6 on the NYS Vendor Responsibility Questionnaire employed by any governmental entity of the State of New York or serving as a member of any State Board, Commission or Authority? If the answer is YES, please disclose the name of the governmental entity and indicate the relationship between the individuals. | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Is any individual listed in response to question #1.6 on the NYS Vendor Responsibility Questionnaire employed by any governmental entity of the State of New York or serving as a member of any State Board, Commission or Authority? If the answer is YES, please disclose the name of the governmental entity and indicate whether the individual was involved in the bidding, contracting or leasing process for this transaction. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there present on, near or within 30 meters of the premises or the building of which the premises form a part, any "PCB Transformers," "PCB Articles" or "PCB Equipment" as such terms are defined in U.S. Environmental Protection Agency Regulation 40CFR761? (PCB Transformer owners were required by U.S. EPA Regulation 40CFR761 to notify owners of commercial buildings of the existence of PCB Transformers within 30 meters of such buildings not later than December 1, 1985.) | <input type="checkbox"/> | <input type="checkbox"/> |
| • If answer to #4 is YES, are such "PCB Transformers," "PCB Articles" or "PCB Equipment" labeled in accordance with U.S. Environmental Protection Agency Regulation 40CFR761? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If answer to #4 is YES, have such "PCB Transformers," "PCB Articles" or "PCB Equipment" been registered with fire response personnel having primary jurisdiction, as is required by U.S. Environmental Protection Agency Regulation 40CFR761? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there sprinklers in the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If YES are they Omega, Central, Gem or Star Sprinklers? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If Omega, Central, Gem or Star, have the defective parts been replaced/repaired pursuant to recent CPSC directives and building codes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was this building constructed prior to January 1, 1979? If YES, include date: | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there present on or within the premises or the building of which the premises form a part, any asbestos material or material impregnated with asbestos or material of which asbestos forms a part? If yes, please briefly describe the nature and extent of the use of asbestos, including a description of any activity that has been undertaken to preclude the asbestos from becoming friable. Please attach a separate page, if necessary. | <input type="checkbox"/> | <input type="checkbox"/> |
| <div>The Landlord represents and warrants that the Demised Premises and the Building are free from hazard, particularly with reference to the United States Department of Labor and Occupational Safety and Health Administration Standards for permissible exposure limits to hazardous materials including but not limited to lead, PCBs, mold, animal droppings and mercury.</div> <div>If NO, please attach details on separate page.</div> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the building located within a historic district or is it listed on or as eligible for the State or National Register of Historic Places? | <input type="checkbox"/> | <input type="checkbox"/> |

| | YES | NO |
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| 9. Does the Landlord have any current or pending leases with any New York State Agencies, Authorities, Boards or Commissions? (A pending lease is one that is currently being negotiated with one of the listed governmental entities.) If YES, please provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will New York State businesses be used in the performance of the proposed lease? If YES, please identify NYS business(es) that will be used (attach identifying information). | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the Landlord have the financial resources necessary to fulfill the requirements of the proposed lease? | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>12. The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.</p> <p>The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.</p> <p>Generally, the Human Rights Law applies to:</p> <ul style="list-style-type: none">• all employers of four or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;• employers with fewer than four employees in all cases involving sexual harassment; and,• any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin. <p>Does the Business Entity certify, in accordance with Executive Order No. 177, that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law?</p> <p>Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.</p> | <input type="checkbox"/> | <input type="checkbox"/> |

SIGNATURE

The undersigned, personally and on behalf of the Landlord noted below, does hereby state and certify to The New York State Office of General Services that the information given above is true, accurate and complete with respect to State Finance Law § 139 j-k.

The undersigned: (1) recognizes that this document is submitted for the express purpose of assisting The New York State Office of General Services (hereinafter referred to as "OGS") and other New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding the award or approval of a lease or modification thereto (including, but not limited to, a renewal, modification or assignment thereof) and that OGS and other New York State government entities will rely on the information disclosed herein when making responsibility determinations; (2) acknowledges that OGS and other New York State government entities may, in their discretion, by means that they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or federal law, as well as a finding of non-responsibility and all other actions available at law or in equity.

The undersigned certifies that he/she:

- is knowledgeable about the Landlord’s business and operations;
- understands that OGS and other New York State government entities will rely on the information disclosed in this Building Fact Sheet when entering into a lease or modification thereto with the Landlord;
- is under an obligation to update the information provided herein to include any material changes to the Landlord’s responses from the time of proposal submission through the delivery of a fully executed document by OGS, and may be required to update the information at the request of OGS or other New York State government entities on the NYS Vendor Responsibility Questionnaire prior to the award and/or approval of a lease or modification thereto, or during the term of the lease; and
- is authorized to bind the Landlord and is either (1) listed as an officer/partner/member of the Landlord listed in response to question #1.6 of the NYS Vendor Responsibility Questionnaire; or (2) is submitting a letter, with this Building Fact Sheet, on the company's letterhead signed by an officer/partner/member of the Landlord listed in response to question #1.6 of the NYS Vendor Responsibility Questionnaire, stating that the undersigned is authorized to sign on behalf of the Landlord.

I affirm this ____ day of _____, _____, under the penalties of perjury under the laws of New York State, which may include a fine or imprisonment, that the statements contained herein are true, and I understand that this document may be filed in an action or proceeding in a court of law.

Name of Landlord

Signature

Address

Print or Type Name

City, State, Zip

Title

Date: _____

Telephone Number: _____